FEE TRANSMITTAL FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 02-2448 Deposit Account Number, 02-2449 Deposit Account	Under the Paperwork Reduction Act of 1995 no persons are required	to respond to a collection of info	rmation unless it displays a valid	OMB control number	
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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (s) 130.00 Attomate y Docket No. 0020-5551PUS1	For FY 2009	First Named Inventor	Yuhji ANDO		
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 02-2448 Deposit Account Name:	TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attomey Docket No.	0020-5551PUS1		
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Credit any overpayments Credit and power Cred	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee				
WARNING: Increase on this form may become public. Credit card information aboution not be included on this form. Provide credit card information and authorization on PTG-2438. FEE CALCULATION					
Information and authorization on PTO-2038.	under 37 CFR 1.16 and 1.17				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH F	Information and authorization on PTO-2038,				
SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Seal Failty Fee (3) Fee (5) Fee (6) Fee (5) Fee (5) Fee (6) Fee	FEE CALCULATION				
Small Entity Fee (S)					
Application Type			Small Entity		
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Plant 220 110 330 165 170 85	1 100	10 270 22	20 110		
Reissue 330 165 540 270 650 325	Design 220 110 1	00 50 14	10 70		
Provisional 220 110 0 0 0 0 0 0		30 165 17	70 85		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim see State Claims Total Claims Total Claims Fee (3) Fee Paid (5) HP highest number of total claims paid for, if greater than 2. Indep. Claims Fee (3) Fee Paid (5) Fe	Reissue 330 165 5	10 270 65	50 325		
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1 - 3 or kP = 0 x x 0.00		Fee Paid (\$)			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.5(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). Total Sheets Extra Sheets Number of seach additional 50 or fraction thereof. Fee (\$) = 0 (round up to a whole number) x Fee (\$) = 60.000 (round up to a whole					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of seath additional 59 or fraction thereof 0.000 (round up to a whole number) 0.000 (0.000 (0.000	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer				
Total Sheets			or small entity) for each a	dditional 50	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Petition for Extension of Time 130.00	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension of Time 130.00					
	Non-English Specification, \$130 fee (no small entity discount)				
	Other (e.g., late filing surcharge): Petition for Extension	on of Time		130.00	
	SUBMITTED BY				

Name (Print/Type) Andrew Meikle Date July 6, 2010 This obscious of internation is required by 70 CPR 1.136. The internation is required to obtain or retain a bound by the guidio which is to fix can be yet. USPTO to proceed an application. Condestedable is governed by 50 U.S. CL 22 and 37 CPR 1.14. The Good-clorin is estimated to take 30 milliouts to complete, including quintering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of the report unrequire to complete this form and/or suggestors for requiring this burden, should be sent to the Christ information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Abscandita, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionom for Patients, P.O. Box 1450, Abscandita, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionom for Patients, P.O. Box 1450, Abscandita, VA 22313-1450.

Signature

Registration No. 32868

(Attorney/Agent)

Telephone 703-205-8000